

the inner side of the ankle was an important factor in causation. The subastragaloid joint was of great importance in this connexion. Rigidity was of considerable moment as affecting treatment. In bad cases there were signs of ill-nutrition of the limb and the foot was often clammy and bathed in sweat. Theoretically flat foot should not accompany genu valgum but it was often present. It had no special connexion with scoliosis. Bone deformities were secondary. Diagnosis was easy, but cases of "in-ankle" with high arch were sometimes taken for flat foot. Footprints were often used as a means of diagnosis and record but were not always trustworthy. He had studied the footprints of fifty recruits passed as fit for the army and described a simple method of measuring such prints and of numerical comparison. The treatment was palliative or curative. He had never trusted to gymnastic exercises alone and could not say to what extent patients benefited by them. Mr. Jackson Clarke had stated at a former meeting that he had known the sound foot to break down under the exercises. Reduction must always be first effected by rest in adducted positions, manipulation under an anæsthetic, or if needed tenotomy of peronei and extensors. Wedge-soles were most useful. They corrected over-pronation. Whitman's brace—a metal support—fitted to the arch of the corrected foot was often of service. In other cases a concealed spring convex outwards on the outer side of the foot or the familiar outside upright pad and T-strap were necessary.

Mr. JACKSON CLARKE said that the importance of exercises was perhaps exaggerated. He treated his cases with an iron and T-strap.

Mr. OPENSHAW pointed out that it was a mistake to suppose that the inferior calcaneo-scaphoid ligament was stretched and thinned. It was the internal ligament that was so affected. He thought the arch itself was not diseased until the astragalus almost touched the ground. He thought no operation equalled Ogston's for severe cases.

Mr. LUKE FREER concurred with Mr. Jackson Clarke's views as to exercises. He preferred a raised sole with steel spring arch inside the boot.

Mr. TUBBY referred to Mr. Golding-Bird's method of estimating flat-foot. He thought the peroneus longus caused "in-ankle." In certain cases excision of half an inch of the tendon effected a cure.

Mr. LITTLE, in reply, agreed with Mr. Openshaw as to the projection and sinking of the astragalus. Mr. Golding-Bird's method was entirely inapplicable to footprints. He had not seen any signs of over-action of the peroneus in his "in-ankle" cases. He could not understand how removing a portion of tendon cured spasm unless non-union was aimed at.

A vote of thanks to the Chairman and to the hospital authorities closed the proceedings.

ÆSCULAPIAN SOCIETY OF LONDON.

Exhibition of Specimen.—Suppurative Mastitis with Acute Hepatitis and Acute Nephritis.—Leg and Cord Presentation.

A MEETING of this society was held on March 11th, Dr. B. G. MORISON, President, being in the chair.

Mr. BREMIDGE showed a woman, aged forty-five years, the subject of Lupus Erythematosus, which began three years ago at the nasal root, spreading thence to the forehead and cheeks, not involving the eyelids. Close below the mastoids were symmetrical, thick, red patches 3.75 cm. in diameter.

Mr. W. CAMPBELL M'DONNELL read notes of a woman, aged thirty-five years, seen one month after the delivery of her fourth child with Rigors. Her temperature was 102.4° F., her pulse was 120, and her respiration was 36 per minute at 1.15 P.M. The liver was felt 7.5 cm. below the rib, was very sensitive to gentle pressure and ached constantly. There was a deep abscess of the left breast, incision of which was refused, and there was acute nephritis (albumin equalled one-third). On the fifth day permission to open the abscess was given. Under chloroform one pint of pus was evacuated. Profuse recurrent hæmorrhage followed, but was controlled by replugging and redressing the wound. The patient passed a good night. On the seventh day the skin, fat, and gland were sloughing; the temperature was 104.6°. Under chloroform about two-thirds of total mammary skin, fat, and gland, now sloughed, were dissected away. On the following day healthy granulations were seen. On

the tenth day the liver could not be felt; albumin equalled one-tenth in the urine. On the twenty-fourth day there was no albuminuria. In six weeks the breast wound had healed over and the patient was well though weak.

Dr. J. W. HUNT related a case of a Leg and Cord Presentation of a ten weeks' Living Fœtus. On making quite moderate traction on the leg the body came away leaving the head in utero. Ergot was given and in about three hours the head was found in the bed.

WEST KENT MEDICO-CHIRURGICAL SOCIETY.

Exhibition of Cases and Specimens.

A CLINICAL meeting of this society was held at the Royal Kent Dispensary, Greenwich-road, S.E., on March 4th, the President, Mr. P. W. ARBUTHNOT LANE, being in the chair.

Dr. F. S. TOOGOOD showed the following cases:—1. Case of Suprapubic Cystotomy in a boy, aged four years, for stone. There was persistence of the sinus for four months and ultimate closure by buried sutures around the sinus. 2. Case of Fractured Patella. Perfect union and complete mobility of the joint was secured by Barker's method of suture. 3. Hæmophilic Elbow-joint. 4. Case of a woman, aged twenty-three years, in whom Lateral Curvature of the Spine and Paresis of the Legs and Left Arm dated from an attack of myelitis caused by a fall down-stairs occurring five years ago.

Dr. R. E. SCHOLEFIELD read notes of a case of a man, aged sixty-five years, who showed no symptoms of typhoid fever during life, but in whom numerous Typhoid Ulcers were found post mortem. Dr. Scholefield then showed the perimetric charts of a case of Symmetrical Scotoma with Hemi-achromatopsia in a patient aged fifty years.

Dr. F. T. TAYLOR showed a specimen of Aneurysm of the Heart and Ruptured Auricle from a man who was found dead in a water-closet.

Dr. MORGAN DOCKRELL showed—(1) a case of Bazin's Disease; and (2) a case of Tuberculosis of the Lips.

Mr. ERNEST CLARKE exhibited a series of beautiful mounted specimen of eyes illustrating the disastrous effects of Irido-cyclitis in producing (1) detachment of the retina; (2) glaucoma; (3) anterior synechiæ (complete) with exclusion and occlusion of the pupil; and (4) anterior staphyloma.

LIVERPOOL MEDICAL INSTITUTION.

Exhibition of Cases.

A MEETING of this society was held on March 3rd, Dr. MACFIE CAMPBELL, President, being in the chair.

Dr. RAWDON related two cases of Inguinal Hernia in which the strangulated bowel was excised and end-to-end union by Murphy's button successfully resorted to. In the first case the coats of the gut had become so injured by the strangulation as to cause it to rupture during a careful attempt to return it. The patient made a good recovery. The "button" may have passed but it had not been seen. In the second case the bowel was on the verge of gangrene. The "button" was passed on the twenty-first day. An excellent radiogram was exhibited, taken by Dr. Holland four days before, which showed the shadow of the button.—Mr. BANKS, Dr. ALEXANDER, Mr. PUZEY, and the PRESIDENT made remarks upon the subject of intestinal anastomosis.

Dr. T. R. GLYNN showed a patient suffering from Friedreich's Disease in whom apparently it was not hereditary.—Dr. BRADSHAW and Dr. A. DAVIDSON spoke.

Mr. BANKS showed a Hydatid Cyst containing daughter cysts removed from the adductor muscles of the thigh of a boy, aged twelve years who came from Rhyl. It had been present for seven years, recently rapidly increasing in size. From the history and symptoms a diagnosis was made of inflamed hydatid cyst, corroborated by an exploratory puncture. Mr. Banks from his own experience had noticed that a considerable number of cases of hydatid disease came from North Wales.

Mr. RICHARD WILLIAMS showed a case of Tuberculosis of the Iris in both Eyes in a girl, aged thirteen years, who had a very tuberculous history.

Mr. R. W. MURRAY made some remarks on the Treatment